

Fill in this information to identify your case:

Debtor 1	Kenneth	Robert	Lorenz
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Karen	Ann-Holm	Lorenz
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Western		District of Washington
Case number (if known)	24-13054		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Internal Revenue Service Priority Creditor's Name Centralized Insolvency Operations	Last 4 digits of account number	\$1,299,554.70	\$1,299,554.70
		When was the debt incurred?		\$0.00
	Po Box 7346 Number Street Philadelphia, PA 19101-7346	As of the date you file, the claim is: Check all that apply.		
	City State ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Kenneth Robert Lorenz Case number (if known) 24-13054

Debtor 2 Karen Ann-Holmann Lorenz

First Name Middle Name Last Name

Part 1: **Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
<u>2.2</u> Washington State Department of Labor and Industries	Priority Creditor's Name	Last 4 digits of account number	<u>7 9 L 9</u>	<u>\$3,000.00</u>	<u>unknown</u>	<u>\$3,000.00</u>
<u>7273 Linderson Way Sw</u>	Number Street	When was the debt incurred?				
<u>Tumwater, WA 98501-5414</u>	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent					
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated					
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed					
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Taxes and certain other debts you owe the government					
<input checked="" type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
	<input checked="" type="checkbox"/> Other. Specify <u>Fine</u>					
Who incurred the debt? Check one.						
Type of PRIORITY unsecured claim:						
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Domestic support obligations					
<input type="checkbox"/> Yes	<input type="checkbox"/> Taxes and certain other debts you owe the government					
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Fine</u>					

Debtor 1	Kenneth	Robert	Lorenz	Case number (if known) <u>24-13054</u>
Debtor 2	Karen	Ann-Holtmann	Lorenz	
	First Name	Middle Name	Last Name	

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	Ameri Collect	Last 4 digits of account number	<u>\$32.37</u>
Nonpriority Creditor's Name		When was the debt incurred?	
PO Box 1566			
Number	Street	As of the date you file, the claim is: Check all that apply.	
Manitowoc, WI 54221-1566		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.2	American Honda Finance	Last 4 digits of account number	<u>\$3,683.47</u>
Nonpriority Creditor's Name		When was the debt incurred?	
PO Box 5025			
Number	Street	As of the date you file, the claim is: Check all that apply.	
San Ramon, CA 94583-0925		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City	State	ZIP Code	
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u></u>			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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Debtor 2	Karen	Ann-Holtmann	Lorenz	
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Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

4.3	BANK OF AMERICA	Last 4 digits of account number	<u>X</u> <u>X</u> <u>X</u> <u>X</u>	<u>\$313.00</u>
Nonpriority Creditor's Name				
PO BOX 982238		When was the debt incurred? <u>12/25/2016</u>		
Number	Street	As of the date you file, the claim is: Check all that apply.		
EL PASO, TX 79998		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City	State	ZIP Code		
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.4	Cadman Material Inc.	Last 4 digits of account number	—————	<u>\$52,028.74</u>
Nonpriority Creditor's Name				
6600 230th Ave Se		When was the debt incurred? <u>—————</u>		
Number	Street	As of the date you file, the claim is: Check all that apply.		
Issaquah, WA 98027-2524		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City	State	ZIP Code		
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>—————</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1	Kenneth	Robert	Lorenz	Case number (if known) <u>24-13054</u>
Debtor 2	Karen	Ann-Holmann	Lorenz	
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Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

4.5	CapSpecialty		Last 4 digits of account number	_____	\$12,250.00
Nonpriority Creditor's Name			When was the debt incurred?		
1600 Aspen Cmns					
Number	Street				
Middleton, WI 53562-4718					
City	State	ZIP Code			
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt					
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.6	Christoph and Carly Klee (Palady)		Last 4 digits of account number	_____	\$365,133.07
Nonpriority Creditor's Name			When was the debt incurred?		
C/O ARNOLD JACOBOWITZ & ALVARADO PLLC					
8201 164th Ave Ne Ste 200					
Number	Street				
Redmond, WA 98052-7615					
City	State	ZIP Code			
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt					
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1 **Kenneth** **Robert** **Lorenz** Case number (if known) 24-13054
Debtor 2 **Karen** **Ann-Holzmann** **Lorenz**
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

4.7	Colvin Hallett Attorneys Nonpriority Creditor's Name 719 2nd Avenue Suite 711 Number Street <hr/> Seattle, WA 98104 City State ZIP Code	Last 4 digits of account number _____	\$25,957.63
		When was the debt incurred? _____	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
	Who incurred the debt? Check one.		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.8	CREDIT INTERNATIONAL Nonpriority Creditor's Name 10413 BEARDSLEE BLVD STE Number Street <hr/> BOTHELL, WA 98011 City State ZIP Code	Last 4 digits of account number <u>6</u> <u>8</u> <u>2</u> <u>7</u>	\$4,665.00
		When was the debt incurred? <u>7/10/2023</u>	
		As of the date you file, the claim is: Check all that apply.	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney</u>	
	Who incurred the debt? Check one.		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1	Kenneth	Robert	Lorenz	Case number (if known) <u>24-13054</u>
Debtor 2	Karen	Ann-Holtmann	Lorenz	
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Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.9	CREDIT ONE BANK	Last 4 digits of account number	<u>1</u> <u>5</u> <u>3</u> <u>5</u>	\$759.77
Nonpriority Creditor's Name		When was the debt incurred?	<u>9/4/2016</u>	
PO BOX 98872				
Number	Street	As of the date you file, the claim is: Check all that apply.		
LAS VEGAS, NV 89193		<input type="checkbox"/> Contingent		
City	State	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.10	CREDIT ONE BANK NA	Last 4 digits of account number	<u>7</u> <u>0</u> <u>1</u> <u>8</u>	\$10.00
Nonpriority Creditor's Name		When was the debt incurred?	<u>7/12/2021</u>	
PO BOX 98875				
Number	Street	As of the date you file, the claim is: Check all that apply.		
LAS VEGAS, NV 89193		<input type="checkbox"/> Contingent		
City	State	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1	Kenneth	Robert	Lorenz	Case number (if known) <u>24-13054</u>
Debtor 2	Karen	Ann-Holtmann	Lorenz	
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Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.11	DEPT OF EDUCATION/NELN	Nonpriority Creditor's Name	Last 4 digits of account number	<u>5 8 5 9</u> \$16,404.14
	121 S 13TH ST	Number Street	When was the debt incurred?	<u>8/24/2018</u>
	LINCOLN, NE 68508	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.12	DEPT OF EDUCATION/NELN	Nonpriority Creditor's Name	Last 4 digits of account number	<u>5 9 5 9</u> \$11,815.34
	121 S 13TH ST	Number Street	When was the debt incurred?	<u>5/8/2019</u>
	LINCOLN, NE 68508	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____		
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1	Kenneth	Robert	Lorenz	Case number (if known) <u>24-13054</u>
Debtor 2	Karen	Ann-Holtmann	Lorenz	
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Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.13	DISCOVER BANK	Last 4 digits of account number	<u>7</u> <u>8</u> <u>5</u> <u>9</u>	<u>\$1,748.00</u>
Nonpriority Creditor's Name		When was the debt incurred? <u>12/28/2017</u>		
PO BOX 30939				
Number	Street	As of the date you file, the claim is: Check all that apply.		
SALT LAKE CITY, UT 84130		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City	State	ZIP Code		
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.14	Dr. Craig Jolley, DMD	Last 4 digits of account number	—————	<u>\$5,751.00</u>
Nonpriority Creditor's Name		When was the debt incurred?		
27203 216th Avenue SE Suite B				
Number	Street	As of the date you file, the claim is: Check all that apply.		
Maple Valley, WA 98038		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City	State	ZIP Code		
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical/Dental Bill</u>				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1	Kenneth	Robert	Lorenz	Case number (if known) <u>24-13054</u>
Debtor 2	Karen	Ann-Holmann	Lorenz	
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Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.15	Harris and Harris LTD	Nonpriority Creditor's Name	Last 4 digits of account number	<u>\$140.99</u>
	111 W Jackson Blvd Ste 400	Number Street	When was the debt incurred?	
	Chicago, IL 60604-4135	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent	
			<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
			Type of NONPRIORITY unsecured claim:	
			<input type="checkbox"/> Student loans	
			<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
			<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
			<input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	
			Who incurred the debt? Check one.	
			<input type="checkbox"/> Debtor 1 only	
			<input type="checkbox"/> Debtor 2 only	
			<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	
			<input type="checkbox"/> At least one of the debtors and another	
			<input checked="" type="checkbox"/> Check if this claim is for a community debt	
			Is the claim subject to offset?	
			<input checked="" type="checkbox"/> No	
			<input type="checkbox"/> Yes	
4.16	Integrity Law Group	Nonpriority Creditor's Name	Last 4 digits of account number	<u>\$23,000.00</u>
	2033 6th Ave Suite 600	Number Street	When was the debt incurred?	
	Seattle, WA 98121	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent	
			<input type="checkbox"/> Unliquidated	
			<input type="checkbox"/> Disputed	
			Type of NONPRIORITY unsecured claim:	
			<input type="checkbox"/> Student loans	
			<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
			<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
			<input checked="" type="checkbox"/> Other. Specify <u>Medical</u>	
			Who incurred the debt? Check one.	
			<input type="checkbox"/> Debtor 1 only	
			<input type="checkbox"/> Debtor 2 only	
			<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	
			<input type="checkbox"/> At least one of the debtors and another	
			<input checked="" type="checkbox"/> Check if this claim is for a community debt	
			Is the claim subject to offset?	
			<input checked="" type="checkbox"/> No	
			<input type="checkbox"/> Yes	

Debtor 1	Kenneth	Robert	Lorenz	Case number (if known) <u>24-13054</u>
Debtor 2	Karen	Ann-Holmann	Lorenz	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.17	Lvnv Funding LLC Nonpriority Creditor's Name Resurgent Capital Services	Number Street PO Box 10587 Greenville, SC 29603-0497	Last 4 digits of account number 0 2 0 6 When was the debt incurred? 2018	\$2,525.52
		<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card</p>		
<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>				
4.18	Maxwell Holmes Nonpriority Creditor's Name C/O Patricia Army, LLC	Number Street Po Box 1349 North Bend, WA 98045-1349	Last 4 digits of account number _____	\$160,000.00
		<p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p>		
<p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>				

Debtor 1	Kenneth	Robert	Lorenz	Case number (if known) <u>24-13054</u>
Debtor 2	Karen	Ann-Holtmann	Lorenz	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.19	Multicare Health System	Nonpriority Creditor's Name	Last 4 digits of account number	<u>2</u> <u>4</u> <u>7</u> <u>3</u> <u>\$1,254.66</u>
	15600 Ne 8th St Ste A4	Number Street	When was the debt incurred?	
	Bellevue, WA 98008-3917	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
			Who incurred the debt? Check one.	
			<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	
			Type of NONPRIORITY unsecured claim:	
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	
			Is the claim subject to offset?	
			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.20	OLYMPIC COLLECTION INC.	Nonpriority Creditor's Name	Last 4 digits of account number	<u>4</u> <u>2</u> <u>N</u> <u>1</u> <u>\$10,839.39</u>
	16040 CHRISTENSEN RD STE 214	Number Street	When was the debt incurred?	<u>1/30/2024</u>
	TUKWILA, WA 98188	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
			Who incurred the debt? Check one.	
			<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	
			Type of NONPRIORITY unsecured claim:	
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>	
			Is the claim subject to offset?	
			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 **Kenneth** **Robert** **Lorenz** Case number (if known) 24-13054
Debtor 2 **Karen** **Ann-Holzmann** **Lorenz**
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

4.21	Physician and Dentists credit Bureau Inc.		Last 4 digits of account number	7 8 5 9	\$1,463.28
Nonpriority Creditor's Name			When was the debt incurred?		
5500 Ne 107th Ave					
Number	Street		As of the date you file, the claim is: Check all that apply.		
Vancouver, WA 98662-6169			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City	State	ZIP Code	Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.22	PHYSICIANS & DENTIST		Last 4 digits of account number	7 8 5 9	\$899.00
Nonpriority Creditor's Name			When was the debt incurred?		
20435 72ND AVE S SUITE 202			6/21/2023		
Number	Street		As of the date you file, the claim is: Check all that apply.		
SEATTLE, WA 98032			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City	State	ZIP Code	Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical</u>		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1 **Kenneth** **Robert** **Lorenz** Case number (if known) 24-13054
Debtor 2 **Karen** **Ann-Holtermann** **Lorenz**
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

4.23	Platte River Insurance Company		Last 4 digits of account number	_____	\$12,540.49
Nonpriority Creditor's Name			When was the debt incurred?		
233 South 13th St. Suite 1900					
Number	Street				
<hr/>					
Lincoln, NE 68508			As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Company Bond</u>					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.24	P'n'D Logging and Tree Service		Last 4 digits of account number	_____	\$11,010.00
Nonpriority Creditor's Name			When was the debt incurred?		
20311 Se 240th St					
Number	Street				
<hr/>					
Maple Valley, WA 98038-8618			As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Tree Service</u>					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

Debtor 1 **Kenneth** **Robert** **Lorenz** Case number (if known) 24-13054
Debtor 2 **Karen** **Ann-Holzmann** **Lorenz**
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

4.25	Proliance Orthopedics and Sports Medicine		Last 4 digits of account number	_____	\$3,000.00
Nonpriority Creditor's Name			When was the debt incurred?		
510 8th Ave Ne Ste 200					
Number	Street		As of the date you file, the claim is: Check all that apply.		
Issaquah, WA 98029-5436			<input type="checkbox"/> Contingent		
City	State	ZIP Code	<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Disputed					
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only	Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Student loans				
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Other. Specify <u>Medical</u>				
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No					
<input type="checkbox"/> Yes					
4.26	Providence Swedish Medical Group		Last 4 digits of account number	_____	unknown
Nonpriority Creditor's Name			When was the debt incurred?		
Po Box 660354					
Number	Street		As of the date you file, the claim is: Check all that apply.		
Dallas, TX 75266-0354			<input type="checkbox"/> Contingent		
City	State	ZIP Code	<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Disputed					
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only	Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Student loans				
<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Other. Specify <u>Medical</u>				
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No					
<input type="checkbox"/> Yes					

Debtor 1	Kenneth	Robert	Lorenz	Case number (if known) <u>24-13054</u>
Debtor 2	Karen	Ann-Holtmann	Lorenz	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.27	PUGET SOUND COLLECTIONS	Nonpriority Creditor's Name	Last 4 digits of account number	<u>3 7 2 9</u> \$3,768.00
	738 BROADWAY	Number Street	When was the debt incurred?	<u>7/20/2020</u>
	TACOMA, WA 98402	City State ZIP Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
	Type of NONPRIORITY unsecured claim:	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.28	PUGET SOUND COLLECTIONS	Nonpriority Creditor's Name	Last 4 digits of account number	<u>3 7 2 8</u> \$3,625.00
	738 BROADWAY	Number Street	When was the debt incurred?	<u>7/20/2020</u>
	TACOMA, WA 98402	City State ZIP Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
	Type of NONPRIORITY unsecured claim:	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
	Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1	Kenneth	Robert	Lorenz	Case number (if known) <u>24-13054</u>
Debtor 2	Karen	Ann-Holtmann	Lorenz	
	First Name	Middle Name	Last Name	

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.				Total claim
4.29	PUGET SOUND COLLECTIONS	Nonpriority Creditor's Name	Last 4 digits of account number	<u>3 7 2 7</u> \$1,925.00
	738 BROADWAY	Number Street	When was the debt incurred?	<u>7/20/2020</u>
	TACOMA, WA 98402	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
			Type of NONPRIORITY unsecured claim:	
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u> </u>	
			Who incurred the debt? Check one.	
			<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	
			Is the claim subject to offset?	
			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.30	Puget Sound Energy	Nonpriority Creditor's Name	Last 4 digits of account number	<u>5 1 8 3</u> \$1,600.00
	PO Box 91269	Number Street	When was the debt incurred?	<u> </u>
	Bellevue, WA 98009-9269	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
			Type of NONPRIORITY unsecured claim:	
			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utility Account</u>	
			Who incurred the debt? Check one.	
			<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt	
			Is the claim subject to offset?	
			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 **Kenneth** **Robert** **Lorenz** Case number (if known) 24-13054
Debtor 2 **Karen** **Ann-Holzmann** **Lorenz**
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

4.31	Transworld Systems Inc.		Last 4 digits of account number	\$100.00
Nonpriority Creditor's Name		_____		
500 Virginia Dr Ste 513		When was the debt incurred?		
Number	Street	As of the date you file, the claim is: Check all that apply.		
Ft Washington, PA 19034-2735		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City	State	ZIP Code	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.32	Transworld Systems Inc.		Last 4 digits of account number	\$230.23
Nonpriority Creditor's Name		_____		
PO Box 15618		When was the debt incurred?		
Number	Street	As of the date you file, the claim is: Check all that apply.		
Wilmington, DE 19850-5618		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City	State	ZIP Code	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Agency</u>	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 **Kenneth** **Robert** **Lorenz** Case number (if known) 24-13054
Debtor 2 **Karen** **Ann-Holzmann** **Lorenz**
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

4.33	University Of Washington		Last 4 digits of account number	_____	\$100.00
Nonpriority Creditor's Name			When was the debt incurred?		
Po Box 9468					
Number	Street				
Seattle, WA 98109-0468					
City	State	ZIP Code			
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.34	Walter Alan Egunza		Last 4 digits of account number	_____	\$60,973.47
Nonpriority Creditor's Name			When was the debt incurred?		
23030 Se 247th Ct					
Number	Street				
Maple Valley, WA 98038-6872					
City	State	ZIP Code			
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
As of the date you file, the claim is: Check all that apply.					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of NONPRIORITY unsecured claim:					
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>					

Debtor 1 **Kenneth** **Robert** **Lorenz** Case number (if known) 24-13054
Debtor 2 **Karen** **Ann-Holzmann** **Lorenz**
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

Debtor 1	Kenneth	Robert	Lorenz	Case number (if known) <u>24-13054</u>
Debtor 2	Karen	Ann-Holmann	Lorenz	
	First Name	Middle Name	Last Name	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

1. Kazlow Fields

Name _____

Attn: Eric Christie

8100 Sandpiper Circle Suite 204

Number Street _____

Nottingham, MD 21236

City State ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

2. Evergreen Professional Recoveries

Name _____

12100 NE 195th St Ste 325

Number Street _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.34 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Bothell, WA 98011-5768

City State ZIP Code _____

Debtor 1	Kenneth	Robert	Lorenz	Case number (if known) <u>24-13054</u>
Debtor 2	Karen	Ann-Holtmann	Lorenz	
	First Name	Middle Name	Last Name	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$1,299,554.70</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$3,000.00</u>
	6e. Total. Add lines 6a through 6d.	<u>\$1,302,554.70</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$28,219.48</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$817,083.67</u>
	6j. Total. Add lines 6f through 6i.	<u>\$845,303.15</u>

Fill in this information to identify your case:

Debtor 1	Kenneth	Robert	Lorenz
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Karen	Ann-Holmann	Lorenz
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Western District of Washington		
Case number (if known)	24-13054		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Kenneth Robert Lorenz
Kenneth Robert Lorenz, Debtor 1

Date 02/18/2025
MM/ DD/ YYYY

X /s/ Karen Ann-Holmann Lorenz
Karen Ann-Holmann Lorenz, Debtor 2

Date 02/18/2025
MM/ DD/ YYYY